

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

AMENDED



1. File Number U - <b>0061</b>	2. Fiscal Year Covered From:  1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.  Name Gregory J Junemann  P.O. Box, Bldg., Room No., if any  Street 3716 South Herman Street  City Milwaukee  State Wisconsin ZIP Code + 4 53207	4. Name, file number, and address of labor organization.  Name Intl Fed of Professional & Technical Engineers  Labor Organization File Number 000-069  P.O. Box, Building and Room Number, if any  Street 8630 Fenton Street Suite 400  City Silver Spring  State Maryland ZIP Code + 4 20910
5. Position in labor organization. President	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.          7.b. Amount.

Signature

15. **Signature and verification.** The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

*Gregory J Junemann*

On 8/11/2005

Date

301-565-9016

Telephone Number

Name of Person Filing Gregory Junemann	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Woodley, Genser &amp; McGillivray</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1125 15th Street NW Suite 400</p> <p>City Washington</p> <p>State District of Columbia ZIP Code + 4 20005</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Legal Services</p>
	<p>11.b. Approximate dollar value of such dealing. \$36,231</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Christmas Gift Basket</p>
	<p>12.b. Amount. \$100</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing Gregory Junemann

File Number U-

Part B Continuation Page

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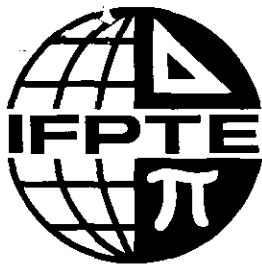
<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Kelly Press Inc.</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1701 Cabin Branch Drive</p> <p>City Cheverly</p> <p>State Maryland ZIP Code + 4 20785</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Printing Services for letterhead, Organization magazine, brochures and manuals.</p>
	<p>11.b. Approximate dollar value of such dealing. \$120,978</p>
	<p>12.a. Nature of interest held or income received.</p> <p>2/24/04 Dinner meeting with 3 other individuals approximate total \$160</p> <p>12.b. Amount. \$40</p>

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**Part B Continuation Page**

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INTERNATIONAL FEDERATION OF  
PROFESSIONAL & TECHNICAL ENGINEERS  
AFL-CIO & CLC

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NORTHWESTERN

August 11, 2005

United States Department of Labor  
Office of Labor-Management Standards  
Washington, DC 20210

RE: Amended LM-30 Filing

Dear Sir or Madame:

Enclosed please find my amended LM-30 report for calendar year 2004. This report amends the LM-30 report I previously filed, which is signed and dated August 4, 2004 and attached. My first filing was based upon the Labor Organization's fiscal year rather than my tax year, which is the calendar year. Consequently, I am filing this amended form to include all reportable information for calendar year 2004, per the filing instructions to the LM -30 form.

Thank you for correcting your records to include my amended LM-30 report.

Sincerely,

Gregory J. Junemann